


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90202 043 \*\*\*\*61.25

<b>DOCUMENT # N94000001750</b>					
<b>1. Entity Name</b> OAKLEAF HOMEOWNERS ASSOCIATION NO. 1, INC.					
<b>Principal Place of Business</b> 5037 RINGWOOD MEADOW B SARASOTA, FL 34235			<b>Mailing Address</b> 5037 RINGWOOD MEADOW B SARASOTA, FL 34235		
<b>2. Principal Place of Business</b> SD41 Ringwood Meadow Suite, Apt. #, etc. STE 2 City & State		<b>3. Mailing Address</b> SD41 Ringwood Meadow Suite, Apt. #, etc. STE 2 City & State			
Zip		Country		Zip	
Country		<b>4. FEI Number</b> 65-0510139			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAMI MANAGEMENT INC 4983 RINGWOOD MEADOW SARASOTA, FL 34235			<b>7. Name and Address of New Registered Agent</b> Name: PAMI Mgmt Street Address (P.O. Box Number is Not Acceptable): SD41 Ringwood Meadow STE 2 City: FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REYNOLDS, PAM 4766 OLD FARM RD SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARONIN, PETER 4734 Old Farm Rd. SARASOTA FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HLAVACH, CHUCK 4742 OLD FARM RD SARASOTA, FL 34233		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD YATES, GERALD 4905 OLD CREEK DR SARASOTA, FL 34233		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MASTERS, JOHN 4923 OLD OAKLEAF DR SARASOTA, FL 34233		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D PANIK, PAUL 4750 OLD FARM RD SARASOTA, FL 34233		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD PLATT, GARWOOD 4901 Old Tree Pl. SARASOTA, FL 34233		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MASTERS, JOHN 4923 Old Oakleaf Dr. SARASOTA, FL 34233		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D BRUNO, MICHAEL 4725 Old Stone Rd. SARASOTA, FL 34233		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Charles R. Howard</i>			4/25/06 (941) 915-4861		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		